

## CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

015

SFUND RECORDS CTR

999000285

## PRODUCER OF WASTE (Must be filled by producer)

Name: \_\_\_\_\_ CODE NO. \_\_\_\_\_  
 (PRINT OR TYPE)  
 Pick up Address: \_\_\_\_\_  
 (NUMBER) (STREET) (CITY)  
 Telephone Number: \_\_\_\_\_ P.O. or Contract No. \_\_\_\_\_  
 Order Placed By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Type of Process \_\_\_\_\_ CODE NO. \_\_\_\_\_  
 which Produced Wastes: \_\_\_\_\_  
 (Examples: metal plating, equipment cleaning, oil drilling  
 wastewater treatment, pickling bath, petroleum refining)

## DESCRIPTION OF WASTE (Must be filled by producer)

## Check type of wastes:

- |   |  |   |
|---|--|---|
| 1. <input type="checkbox"/> Acid solution     | 6. <input type="checkbox"/> Tetraethyl lead sludge | 11. <input type="checkbox"/> Contaminated soil and sand |
| 2. <input type="checkbox"/> Alkaline solution | 7. <input type="checkbox"/> Chemical toilet wastes | 12. <input type="checkbox"/> Cannery waste              |
| 3. <input type="checkbox"/> Pesticides        | 8. <input type="checkbox"/> Tank bottom sediment   | 13. <input type="checkbox"/> Latex waste                |
| 4. <input type="checkbox"/> Paint sludge      | 9. <input type="checkbox"/> Oil                    | 14. <input type="checkbox"/> Mud and water              |
| 5. <input type="checkbox"/> Solvent           | 10. <input type="checkbox"/> Drilling mud          | 15. <input type="checkbox"/> Brine                      |

☐ Other (Specify) \_\_\_\_\_

## Components:

(Examples: Hydrochloric acid, lime, caustic soda,  
phenolics, solvents (list), metals (list),  
organics (list), cyanide)

	Upper	Concentration: Lower	%	ppm
1.				
2.				
3.				
4.				
5.				
6.				

## Hazardous Properties of Waste:

pH \_\_\_\_\_ ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosiveBulk Volume: \_\_\_\_\_ ☐ gal ☐ tons ☒ barrels (42 gal.) ☐ other \_\_\_\_\_ (SPECIFY)Containers: \_\_\_\_\_ (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other \_\_\_\_\_ (SPECIFY)Physical State: ☐ solid ☐ liquid ☒ sludge ☐ other \_\_\_\_\_ (SPECIFY)

Special Handling Instructions (if any): \_\_\_\_\_

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury  
that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

## HAULER OF WASTE (Must be filled by hauler)

ASBURY OIL CO.  
 13419 Halldale Ave., Gardena, California 90249  
 Phone: (213) 321-1392  
 Pick Up: 10-6-79 Time: 15:00pm  
 (DATE) (TIME)  
 State Liquid Waste Hauler's Registration No. (if applicable): 15  
 Job No.: \_\_\_\_\_ No. of Loads or Trips: \_\_\_\_\_ Unit No.: \_\_\_\_\_  
 Vehicle: ☒ Vacuum truck 100 barrels, ☐ flatbed, ☐ other \_\_\_\_\_ (SPECIFY)  
 The described waste was hauled by me to the disposal  
 facility named below and was accepted.  
 I certify (or declare) under penalty of perjury  
 that the foregoing is true and correct.  
 SIGNATURE OF AUTHORIZED AGENT AND TITLE

## DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): Operating Industries  
 Site Address: Monterey Park  
 The hauler above delivered the described waste to this disposal facility and it was an acceptable  
 material under the terms of RWQCB requirements, State Department of Health regulations, and  
 local restrictions.  
 Quantity measured at site (if applicable): \_\_\_\_\_ State fee (if any): \_\_\_\_\_  
 Handling Method(s):  
☐ recovery  
☐ treatment (specify): \_\_\_\_\_  
☐ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well  
☐ other (specify): \_\_\_\_\_  
 If waste is held for disposal elsewhere specify final location: \_\_\_\_\_  
 Disposal Date: 10-6-79  
 I certify (or declare) under penalty of perjury  
 that the foregoing is true and correct.  
 SIGNATURE OF AUTHORIZED AGENT AND TITLE  
 The site operator shall submit a legible copy of each completed Record to the State Department of  
 Health with monthly fee reports.

K001217

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING  
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name \_\_\_\_\_